PART B - FEE(S) TRANSMITTAL

| APR 2 5 2005 | his form, together wit | | or Fax | Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000 | r Patents inia 22313-1450 | | | |
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| C. Bart Sullivan | 90 02/03/2005 | | | Con | difference of Mailing or Tran | emission | | |
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| 01 FC:2501 | 700.00 OP | | | O. Bart da | FOM. | (Signature) | | |
| 02 FC:1504 | 300.00 GP 30.00 GP | | | - C- D- | 4-20-2 | (Date) | | |
| 03 FC:8001 | 30.00 02 | | | | | CONFIRMATION NO. | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVI | ENTOR | ATTORNEY DOCKET NO. | · · · · · · · · · · · · · · · · · · · | | |
| 10/040,156 | 12/19/2001 | | Travis M. McGn | _ | 23758.00120 | 1147 | | |
| TITLE OF INVENTION: B | IO-METRIC SMART CAR | D, BIO-METRIC | SMART CARD RI | ADER, AND METHOD | OF USE | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FI | E | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | | |
| nonprovisional | YES | \$700 | | \$300 | \$1600 | 05/03/2005 | | |
| EXAM | AINER | ART UN | IT . | CLASS-SUBCLASS | j | | | |
| AU, SC | COTT D | 2635 | | 340-005260 | | | | |
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| | e assignee category or catego | | . Payment of Fee(s | | orporation of other private 8 | , o - p | | |
| 4a. The following fee(s) are | enclosed. | 70 | • | amount of the fec(s) is c | nclosed. | | | |
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| | s (from status indicated above SMALL ENTITY status. See | | ☐ b. Applicant is | no longer claiming SMA | LL ENTITY status. See 37 | CFR 1.27(g)(2). | | |
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| Authorized Signature | C But Co | M | | Date | 4-20-2005 | | | |
| Typed or printed name C. Bart Sullivan | | | | | _{n No.} 41,516 | | | |
| This collection of informati an application. Confidential submitting the completed a | on is required by 37 CFR 1 lity is governed by 35 U.S.C pplication form to the USP1 | 311. The information in the second se | on is required to obtain 1.14. This collection depending upon the Chief Information | ain or retain a benefit by on is estimated to take 12 ne individual case. Any c o Officer, U.S. Patent and | the public which is to file (a minutes to complete, include comments on the amount of I Trademark Office, U.S. De | and by the USPTO to process ling gathering, preparing, and time you require to complete partment of Commerce, P.O. | | |

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| TR | ANSMITTAL | | Filing Date | 12/19/2 | <u> </u> | | |
| FORM | | | First Named Inventor | | McGregor, Travis | | |
| | 1 Oldin | | Art Unit | 2635 | | | |
| | | | Examiner Name | | COTT D. | | |
| (to be used for all correspondence after initial filing) | | | Attorney Docket Number | .00120 | | | |
| Total Number of | Pages in This Submission | 3 | - | 20700 | .00120 | | |
| | | ENCL | OSURES (Check a | i that apply | • | | owance Communication to TC |
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| Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority | | | Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C | Address | | Status L Other E selow): | Enclosure(s) (please Identify |
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| Firm Name | 310147 | TOIL C | ATTEIOAIT, ATT | J. (17, 17, 17, 17, 17, 17, 17, 17, 17, 17, | | | |
| Signature | C. Bart Sulliva | | | rjegovski g | | te | |
| Printed name | C. Bart Sulliva | | <u> </u> | | | | |
| Date 4-20-2005 | | | 5 | Reg. No. 41,516 | | | |
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| Signature | C. A | ut | | | | | |
| Tuned or printed | name C. Bart Si | illivan | | | | Date | 4-20-2005 |

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PTO/SB/17 (12-04v2)
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| Fees Sursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Application Number | 1 | | | | |
| FEE TRAN | Filing Date | | 12/19/2001 | | | | | |
| For FY 2005 | | | | | or, Travis | | | |
| | Examiner Name | AU, Scot | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 1,030 | | | Attorney Docket N | ocket No. 23758.00120 | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
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| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, | | | | | | | | |
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| Application Type Fee | | | | | (\$) | Fees Paid (\$) | | |
| Utility 30 | 0 150 | 500 | 250 | 200 10 | 0 _ | | | |
| Design 20 | 0 100 | 100 | 50 | 130 6 | 5 – | | | |
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| Provisional 20 | 0 100 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | c | | II Entity | | |
| Fee Description Fach claim over 20 (includ | ing Reissne | s) | | <u>.</u> | 50 <u>re</u> | ee (\$) 25 | | |
| Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 | | | | | | | | |
| Multiple dependent claims | | | | 180 | | | | |
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| Signature Registration No. (Attorney/Agent) 41,516 | | | | | | 7) 746-1762 | | |
| Name (Print/Type) C. Bart Sullivan Date 4-20-2005 | | | | | | | | |

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